

SERFF Tracking Number:	LCNC-126934555	State:	Arkansas
Filing Company:	The Lincoln National Life Insurance Company	State Tracking Number:	47508
Company Tracking Number:	LFF10069		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Declaration of Insurability Supplement LFF10069		
Project Name/Number:	/LFF10069		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Declaration of Insurability SERFF Tr Num: LCNC-126934555 State: Arkansas

Supplement LFF10069

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 47508
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: LFF10069 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Raymond Fortier, James Kane, Denise Tenney Disposition Date: 12/14/2010

Date Submitted: 12/10/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 02/14/2011

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: LFF10069

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/14/2010

Explanation for Other Group Market Type:

State Status Changed: 12/14/2010

Deemer Date:

Created By: Denise Tenney

Submitted By: James Kane

Corresponding Filing Tracking Number:

Filing Description:

Re. Individual Life Application Form

LFF10069 Declaration of Insurability Supplement

The Lincoln National Life Insurance Company

Group & NAIC #: 020-65676

Dear Mr. Musgrove:

SERFF Tracking Number: LCNC-126934555 *State:* Arkansas
Filing Company: The Lincoln National Life Insurance Company *State Tracking Number:* 47508
Company Tracking Number: LFF10069
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Declaration of Insurability Supplement LFF10069
Project Name/Number: /LFF10069

We are submitting the required number of copies of the above-referenced form for your review and approval. The supplement is a new form and is not intended to replace any previously approved forms.

Upon approval, the supplement will be used in applying for our individual life insurance products sold by properly licensed agents/representatives. Prior to policy issuance, this supplement will be used to determine the current medical status and/or driving, avocation, or aviation activity of the proposed insured when three months or more have elapsed from the date of the original application or date of latest medical evidence. The supplement will be used in conjunction with the Application for Life Insurance (Part I) LFF06321, which was approved on 06/16/2008 under file # 39195, and will constitute a part of the application for life insurance.

We have bracketed several items within the form as variable information to allow for flexibility in the content of the form. These items include: company names, the Service Office addresses and form page number references. This form is a multi-company form. In the event that one of our underwriting companies referenced in the form chooses to stop using a form, it is our intent to remove the company name from the form without re-filing the form. As the form is a multi-company form, we are submitting filings similar to this one for each of the companies listed on the form. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. We confirm that the brackets will not actually appear on the form at issue.

The form appears in final printed format as issued from a laser printer. Upon approval, we reserve the right to change the format of a form without altering the approved language, though it is possible page numbers may change.

We reserve the right to have this supplement completed using a telephone application process and also to make this form available electronically subject to compliance with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal E-SIGN Act.

The form received a Flesch score of 58.00. This filing has been submitted concurrently to our Home State of Indiana and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. To the best of our knowledge and belief, these forms comply with all the applicable laws and regulations of your state.

We trust the information provided will be satisfactory and we look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, extension 5426, or via the fax number or e-mail address shown below.

Sincerely,

James P. Kane

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Analyst, State Filing
E-mail: James.Kane@LFG.com
Fax: 1-603-226-5128

Company and Contact

Filing Contact Information

James Kane, Analyst, Product Compliance james.kane@lfg.com
One Granite Place 603-226-5426 [Phone]
Concord, NH 03301

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street - MPM1 Group Code: 20 Company Type: Life
Hartford, CT 06103-1106 Group Name: State ID Number:
(860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filed x 1 form = \$50.00 TOTAL.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	12/10/2010	42817552

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/14/2010	12/14/2010

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Disposition

Disposition Date: 12/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Declaration of Insurability Supplement		Yes

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Form Schedule

Lead Form Number: LFF10069

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LFF10069	Application/ Declaration of Enrollment Insurability Form Supplement	Initial		58.000	LFF10069 Bracketed.pdf



Please check appropriate underwriting company:

- ☐ [The Lincoln National Life Insurance Company,] [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
☐ [Lincoln Life & Annuity Company of New York,] [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
☐ [First Penn-Pacific Life Insurance Company,] [Service Office: PO Box 21008, Greensboro, NC 27420-1008]
(hereinafter referred to as "the Company")

DECLARATION OF INSURABILITY SUPPLEMENT

Policy Number: _____

Proposed Insured A (First, Middle, Last)	Proposed Insured B (First, Middle, Last)
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If any of the questions below are answered "Yes", do not deliver the policy or collect any premium without prior approval from the underwriter at the Company.

	Proposed Insured A	Proposed Insured B
1. Since you signed your Application dated _____, have you:		
a. made application for life, health or disability insurance with any other insurance company or had any life, health or disability insurance reinstated, declined, postponed or modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. participated in any hazardous activities including skin or scuba diving, motor vehicle or power boat racing, sky diving, parachuting, hang gliding, mountain, rock or technical climbing or private aviation, or been convicted of a motor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Since the date of your most recent medical evidence have you:

a. received any treatment for any illness or injury, been examined by or consulted with a licensed medical provider or been advised by a licensed medical provider to seek treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. had any symptoms or change in your health for which you have not sought treatment from a licensed medical provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide full details here for any questions answered "Yes" (Include question numbers and if more space is required, use the "Continuation of Details Supplement.").

Details:

Each of the Undersigned declares that:

I agree that this Declaration of Insurability Supplement will be considered an amendment and/or supplement to my application. I have read, or have had read to me, the completed Declaration of Insurability Supplement before signing below. All statements and answers in this supplement are correctly recorded, and are full, complete and true.

I UNDERSTAND that any false statements or material misrepresentations may result in the loss of coverage issued in reliance on this supplement.

Signed in _____, this _____ day of _____
(state) (month) (year)

Signature of Proposed Insured A
or Parent/Legal Guardian if Proposed Insured is a minor child

Signature of Proposed Insured B, if applicable
or Parent/Legal Guardian if Proposed Insured is a minor child

Signature of Agent

This Declaration of Insurability Supplement will be attached to and made a part of the policy.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Please refer to the Flesch Certification attached below.		
Attachment:		
AR_LNL_Readability.pdf		

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: LFF10069 – Declaration of Insurability Supplement

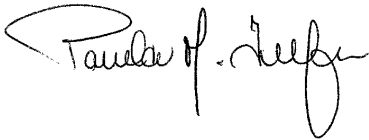
We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

Form Number:

LFF10069

Flesch:

58.00



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: 12/06/2010